

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2008 OF THE CONDITION AND AFFAIRS OF THE

OmniCare Health Plan, Inc.

		Period)	IC Company (Code	12193	Employer's ID	Number	20-1052897
Organized under the Laws of	,	,		_, State of D	omicile or	Port of Entry _	N	lichigan
Country of Domicile				United Sta	ites			
Licensed as business type:	Life, Accident & Heal	th []	Property/Ca	sualty []	Dental	Service Corpora	tion []	
	Vision Service Corpo	ration []	Other []		Health	Maintenance Or	ganization [λ	[]
	Hospital, Medical & D	Dental Service	or Indemnity []	Is HMC	D, Federally Qual	lified? Yes [] No [X]
Incorporated/Organized	04/22/2	2004	Cor	nmenced Bu	ısiness _		10/01/2004	1
Statutory Home Office	133:	3 Gratiot, Ste	400			Detro	it. MI 48207	
oldidiory fromo omoc		Street and Number		,			n, State and Zip C	ode)
Main Administrative Office					itiot, Ste 40	00		
D	etroit, MI 48207			(Street a	and Number)	313-465-151	9	
(City or	Town, State and Zip Code)				(Ar	ea Code) (Telephone	Number)	
Mail Address	1333 Gratiot, S (Street and Number of		;			Detroit, M (City or Town, State		
Primary Location of Books ar	•	JI P.O. BOX)			1333 Grat	iot, Ste 400	s and Zip Code)	
•						nd Number)		
	etroit, MI 48207 Town, State and Zip Code)				(Δr	313-465-151 rea Code) (Telephone		
Internet Website Address	rown, otate and zip code)		www	v.omnicareh			(Number)	
Statutory Statement Contact	Ker	nyata J. Roger					65-1519	_
•		(Name)				(Area Code) (Telepho	one Number) (Ext	ension)
KJF	Rogers@cvty.com (E-mail Address)					313-465-160 (FAX Number)		
			OFFICE	RS				
Name	Dragidant 9	Title	o Officer	Vanuata	Name) o moro	Chief Fi	Title
Beverly Ann Allen John Joseph Ruhlman	<u>, President &</u> n . Corp	Chief Executive orate Controller	<u>/e Oπicer</u> er	Francis Sa	<u>Jamilea F</u> Imuel Sois			nancial Officer Vice President
			THER OF	FICERS				
Jonathan David Weinbe	erg , Assi	stant Secretar	<u>y</u>	Shirley Ann	Roquemo	ore-Smith,	Se	ecretary
		DIREC	TORS OR	TRUST	EES			
Francis Samuel Soistman		estine Romer		Stev	en Dengle	er	Jan F	H. Hodges
Tiawauna Lowe #	ве	verly Ann Aller	<u> </u>					
State of	Michigan	 SS						
County of	Wayne							
The officers of this reporting enti- above, all of the herein described this statement, together with relat of the condition and affairs of the completed in accordance with the that state rules or regulations req respectively. Furthermore, the so- exact copy (except for formatting to the enclosed statement.	assets were the absolute ed exhibits, schedules and said reporting entity as o NAIC Annual Statement I uite differences in reportinope of this attestation by the	property of the d explanations the fine reporting prostructions and g not related to the described off	said reporting en nerein contained, eriod stated abo Accounting Pract accounting pract icers also includ	tity, free and of annexed or reve, and of its it tices and Proceices and procees es the related	elear from an eferred to is ncome and edures man edures, acco correspondii	ny liens or claims the a full and true state deductions therefro ual except to the ex rding to the best of ng electronic filing w	ereon, except a ement of all the em for the period ctent that: (1) state their information with the NAIC, v	s herein stated, and that assets and liabilities and d ended, and have been ate law may differ; or, (2) n, knowledge and belief, when required, that is an
Beverly Ann President & Chief Ex	Allen ecutive Officer		Kenyata Jamil Chief Financi				ohn Joseph R Corporate Co	
					a la th	nis an original filir	·	Yes [X] No []
Subscribed and sworn to beday of	efore me this February, 2009	_			b. If no 1. St 2. Da	o, tate the amendm ate filed	ent number	
Rochelle D. Jenkins Notary Public December 25, 2012		_			3. Ni	umber of pages a	attached	

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
Group subscribers:						
		<u></u>				
	NON					ļl
						
			0		^	
0299997 Group subscriber subtotal	0	0		0	U	U
0299998 Premiums due and unpaid not individually listed			0			1
0299999 Total group	J	JU	U	L	J	} ^U
JUSPSPS Premiums due and unpaid from Medicare entities		†				
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE OmniCare Health Plan, Inc.

EXHIBIT 3 - HEALTH CA	EALTH CAR	ARE RECEIVABLES	BLES	ı	c	ı
1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Individually Listed Receivables:					ď	
. U.Z.SSVSO - Agglegler of andunits Internationally listed above. D.200000 - Totals - (Taim Overnament Beceivables	0				0	
State Of Michigan	868,788	235,431	260, 224	399, 284		1,763,727
0699999 - Totals - Other Receivables		235,431	260,224	399,284		1,763,727
0799999 Gross health care receivables	868,788	235,431	260,224	399,284	0	1,763,727

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE OmniCare Health Plan, Inc.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

-	5	3	4	5	9	2
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)	882,824					7C8 C88
						1
0199999 individually listed claims unpaid	882,824	0	0	0	0	882,824
0299999 Aggregate accounts not individually listed-uncovered.						0
0399999 Aggregate accounts not individually listed-covered	2,866,328	206,000	716,284	199 , 127	1,010,309	5,298,048
0499999 Subtotals	3,749,152	200,000	716,284	199 , 127	1,010,309	6,180,872
0599999 Unreported claims and other claim reserves						10,617,001
0699999 Total amounts withheld						
0799999 Total claims unpaid						16,797,873
0899999 Accrued medical incentive pool and bonus amounts						256,719

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE OmniCare Health Plan, Inc.

Non-Current Admitted 1,399,421 1,399,421 1,399,421 Current **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES** Nonadmitted Over 90 Days 61 - 90 Days 31 - 60 Days 1,399,421 1,399,421 1,399,421 1 - 30 Days Name of Affiliate 0199999 Individually listed receivables 0299999 Receivables not individually listed 0399999 Total gross amounts receivable Individually Listed Receivables: Coventry Health Care, Inc.......

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE OmniCare Health Plan, Inc.

5 Non-Current 4 Current 3 Amount **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES** 2 Description Affiliate 0199999 Individually listed payables. 0299999 Payables not individually listed 0399999 Total gross payables

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

				VIDENO VIDENO		
	1	2	3	4	5	9
	Direct Medical	Column 1	Total	Column 3	Column 1	Column 1
	Expense	as a % of	Members	as a % of	Expenses Paid to	Expenses Paid to
Payment Method	Payment	Total Payments	Covered	Total Members	Affiliated Providers	Non-Affiliated Providers
Capitation Payments:						
1. Medical aronps	44.063.737	28.9	54.707	100.0		44,063,737
2. Intermediaries	3,774,328	2.5		0.0		3,774,328
3. All other providers		6.0		0.0		1,405,368
Total capitation payments	₩ ₩	32.3	54,707	100.0	0	49,243,433
Other Payments:						
5. Fee-for-service	30,234,293	19.8	XX	×		30,234,293
6. Contractual fee payments	72,481,442	47.5	XX	××		72,481,442
7. Bonus/withhold arrangements - fee-for-service.		0.0	XX	×		
8. Bonus/withhold arrangements - contractual fee payments	542,051	0.4	XXX	××		542,051
9. Non-contingent salaries	0	0.0	XX	×		
10. Aggregate cost arrangements	0	0.0	XX	×		
11. All other payments	0	0.0	XX	×		
12. Total other payments	103,257,786	2.79	XXX	XXX	0	103,257,786
13. Total (Line 4 plus Line 12)	152,501,219	100 %	XXX	XX	0	152,501,219

(
ļ			L	
Ī		١	ľ	
•	(1	
i				١
ì			l	
i				
1		ì	,	
ì				
i				
:				
ŀ				
			2	
•	•			
(,	
4	4			
()
Ī				
			4	
•			1	
2	4			
•			1	
[ľ	
ŀ				
ļ			L	
()
ĺ		١	ľ	
•			1	ĺ
į				
7				
•			•	
(Ç	•	•	ı
_	•			
1		ì	y	
•			1	
			ì	•
-	_	4		
ı	١	•		
	Ĺ			
!				
į		ĺ		
-		ļ		
	>		(
l			L	

	EATHER 1 - FART 2 - SOMIMART OF TRANSACTIONS WITH INTERMEDIANTES		MEDIANIES			
_	2	3	4	5	9	_
			Average		Intermediary's	_
			Monthly	Intermediary's	Authorized	_
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC	_
	Health Care Manageement Services.		70,296			_
	Medical Transportation Management	1,480,924	123,410			_
	Joint Ventures Hospital Laboratories.	1,449,853	120,821			_
	-					_
						_
						_
						_
						_
						_
						_
						_
						_
						_
						_
						_
						_
						_
						_
						_
9999999 Totals		3,774,328	XX	XXX	XXX	_

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE OmniCare Health Plan, Inc.

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED	NT AND S	UPPLIES	OWNED			
	-	2	က	4	5	9
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	162,160		106,234	55,926	55,926	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	162,160	0	106, 234	55,926	55,926	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

NAIC Group Code 1137 BUSINESS IN THE STATE OF Michigan	\F Michigan			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1						
	Jr Wildingan			DURING THE YEAR 2008	2008			Ż	NAIC Company Code	12193
	-	Comprehensive (Hospital & Medical)	hensive Medical)	4	9	9	7	80	6	10
	ı	2	က				-			
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	55,778		T						55,778	
2 First Quarter	55,875								52,875	
3 Second Quarter	54,938								54,938	
4. Third Quarter	54,611								54,611	
5. Current Year	54,707								54,707	
6 Current Year Member Months	659,957								659,957	
Total Member Ambulatory Encounters for Year:			_		_					
7. Physician	399,740								399,740	
8. Non-Physician	69,119								69,119	
9. Total	468,859	0	0	0	0	0	0	0	468,859	
10. Hospital Patient Days Incurred	31,919								31,919	
11. Number of Inpatient Admissions	7,263								7,263	
12. Health Premiums Written (b)	178,696,927								178,696,927	
13. Life Premiums Direct.	0									
14. Property/Casualty Premiums Written.	0									
15. Health Premiums Earned	178,696,927								178,696,927	
16. Property/Casualty Premiums Earned.	0									
17. Amount Paid for Provision of Health Care Services	152,501,219								152, 501, 219	
18. Amount Incurred for Provision of Health Care Services	152,219,572		_						152, 219, 572	

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ ___



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 1137 BUSINESS IN THE	STATE OF Consolidated			DURING THE YEAR	2008			NA	IC Company Code	12193
	1	Comprel (Hospital 8		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	55,778	0	0	0	0	0	0	0	55,778	
2 First Quarter	55 , 875	0	0	0	0	0	0	0	55,875	
3 Second Quarter	54,938	0	0	0	0	0	0	0	54,938	
4. Third Quarter	54,611	0	0	0	0	0	0	0	54,611	
5. Current Year	54,707	0	0	0	0	0	0	0	54,707	
6 Current Year Member Months	659,957	0	0	0	0	0	0	0	659,957	
Total Member Ambulatory Encounters for Year:										
7. Physician	399,740	0	0	0	0	0	0	0	399,740	
8. Non-Physician	69,119	0	0	0	0	0	0	0	69,119	
9. Total	468,859	0	0	0	0	0	0	0	468,859	
10. Hospital Patient Days Incurred	31,919	0	0	0	0	0	0	0	31,919	
11. Number of Inpatient Admissions	7,263	0	0	0	0	0	0	0	7,263	
12. Health Premiums Written (b)	178,696,927	0	0	0	0	0	0	0	178,696,927	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	178,696,927	0	0	0	0	0	0	0	178,696,927	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	152,501,219	0	0	0	0	0	0	0	152,501,219	
18. Amount Incurred for Provision of Health Care Service	s 152,219,572	0	0	0	0	0	0	0	152,219,572	

(a) For health business: number of persons insured under PPO managed care products _____ and number of persons under indemnity only products _____ 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ ______0

ည

SCHEDULE S - PART 1 - SECTION 2

			Reinsurance Assumed	Accident and Health Insurance Listed by Reins	ured Compan	y as of December 3	1, Current Year				
1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
		•									
	· · · · · · · · · · · · · · · · · · ·					• • • • • • • • • • • • • • • • • • • •					
		•									
		•									
											
					·						
											
				NON							
	· · · · · · · · · · · · · · · · · · ·					•					
											
						•					†
	• • • • • • • • • • • • • • • • • • • •					•					
											ļ
						•					
	• • • • • • • • • • • • • • • • • • • •					•••••					•
						•••••					
		†									t
		 				•					
0399999	Totala	ł			4						
0399999	I UldiS										

SCHEDULE S - PART 2 Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

NAIC Company Code 31973. 0499999 - Acc 0699999 - Total	Federal ID Number 75-1296086 ident and Health als - Accident an	Effective Date10/01/2004 Affiliates	Name of Company Coventry Health & Life Insurance Company	Location	Paid Losses	Unpaid Losses
Code 31973 0499999 - Acc	Number 75-1296086 ident and Health	Effective Date10/01/2004 Affiliates	Name of Company Coventry Health & Life Insurance Company	Location	Paid Losses	Unpaid Losses
0499999 - Acc 0699999 - Tot	ident and Health als - Accident an	- Affiliates	Coventry Health & Life Insurance Company			,
0699999 - Tot	als - Accident an	d Health		Deleware, USA	470 , 480 470 , 480	
		и пеани			470,480	
		•				
						l
0799999 – T	otals – Life. Anni	lity and Accident a	nd Health		470,480	

SCHEDULE S - PART 3 - SECTION 2

1 2 3 4 5 6 7 8 9 Outstanding Surplus Relief 12 13 NAIC Company Federal ID Code Number Effective Date Name of Company Location Type Premiums (Estimated) Unearned Premiums Current Year Prior Year Reserve Under Coinsurance 1 0 7 8 9 Outstanding Surplus Relief 12 13 Nadified Coinsurance Funds Withheld Coinsurance Funds Withheld Unearned Premiums (Estimated) Unearned Premiums Current Year Prior Year Reserve Under Coinsurance		Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year											
NAIC Code Page Federal ID Effective Date Code Number Effective Date Code Code Number Effective Date Code	1	2	3		5	6	7	8		Outstanding	Surplus Relief	12	13
Name of Congany Name of Congany Location Type Premiums (Estimated) Unearned Premiums Current Vear Prior Vear Reserve Under Consumon State St	NAIC								Reserve Credit				
Name of Congany Name of Congany Location Type Premiums (Estimated) Unearned Premiums Current Vear Prior Vear Reserve Under Consumon State St	Company	Federal ID						Unearned Premiums	Taken Other than for			Coinsurance	Funds Withheld
78-120008			Effective Date	Name of Company	Location	Type		(Estimated)	Unearned Premiums	Current Year	Prior Year		Under Coinsurance
1.138_951	81973		10/01/2004	Coventry Helath & Life Insurance Company	Deleware, USA	SSL/1/A							
1.138_951	0199999 -	- Total Authorize	d General Account	t - Affiliates		-	1,138,901						
97999999 - Total Nuther rest and Unauthor reg General Account 1,158,001 1,1	0399999 -	9999 - Total Authorized General Account											
	0799999 -	 Total Authorize 	d and Unauthorize	ed General Account			1,138,901						
			•				• • • • • • • • • • • • • • • • • • • •						
150000 Table			• • • • • • • • • • • • • • • • • • • •										
													ļ
			•										
		•	•				•						
			•				• • • • • • • • • • • • • • • • • • • •						
150000 Totals													
150000 Tools							• • • • • • • • • • • • • • • • • • • •						
150000 Table			•				•						
10000 Table													
150000 Tetals			•										
450000 Teles			• • • • • • • • • • • • • • • • • • • •				•						
450000 Totals			•										
150000 Totals													
150000 Totals			•				• • • • • • • • • • • • • • • • • • • •						
150000 Tetals							• • • • • • • • • • • • • • • • • • • •						
150000 Totals													
150000 Totals			•				•						
150000 Totals													·····
150000 Totals													
1500000 Totals			•				• • • • • • • • • • • • • • • • • • • •						
150000 Totals													
150000 Totals													
150000 Totals													
1500000 Totals			•				•						
1500000 Totals													
1500000 Totale			•										
150000 Table 1 139 001													
	1500000	Totala					1 120 004						

SCHEDULE S - PART 4

	Reinsurance Ceded to Unauthorized Companies												
1	2	3	4	5	6	7	8	9	10	11	12	13	14
•	_		·	_	_		_	-					Sum of Cols
NAIC					Paid and Unpaid					Funds Deposited by			9+10+11+12+13
O	Es desel ID	F##:		Danamia Cardit	Faiu anu Onpaiu		Tatal			Funds Deposited by and Withheld from		Minnellennes	
Company	Federal ID	Effective			Losses Recoverable		Total			and withheld from		Miscellaneous	But Not in
Code	Number	Date	Name of Reinsurer	Taken	(Debit)	Other Debits	(Cols. 5+6+7)	Letters of Credit	Trust Agreements	Reinsurers	Other	Balances (Credit)	Excess of Col. 8
												• • • • • • • • • • • • • • • • • • • •	
						** **********************************							
							NE						
					 								
	· · · · · · · · · · · · · · · · · · ·				•								
					ļļ.								
					L								
		L											
L		L			[l			
1199999	Total												
1100000	. otal												

Schedule S-Part 5 Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

(ooo Omittea)											
		1 2008	2 2007	3 2006	4 2005	5 2004					
Α. (OPERATIONS ITEMS										
1.	Premiums	0	0	0	0	0					
2.	Title XVIII-Medicare	0	0	0	0	0					
3.	Title XIX-Medicaid	1 , 139	1 , 159	1,081	817	50					
4.	Commissions and reinsurance expense allowance		0	0	0	0					
5.	Total hospital and medical expenses		0	0	0	0					
В. І	BALANCE SHEET ITEMS										
6.	Premiums receivable		0	0	0	0					
7.	Claims payable		0	0	0	0					
8.	Reinsurance recoverable on paid losses	470	387	9	500	34					
9.	Experience rating refunds due or unpaid		0	0	0	0					
10.	Commissions and reinsurance expense allowances unpaid		0	0	0	0					
11.	Unauthorized reinsurance offset	0	0	0	0	0					
	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)										
12.	Funds deposited by and withheld from (F)	0	0	0	0	0					
13.	Letters of credit (L)	0	0	0	0	0					
14.	Trust agreements (T)	0	0	0	0	0					
15.	Other (O)	0	0	0	0	0					

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	34,362,386		34,362,386
2.	Accident and health premiums due and unpaid (Line 13)	0		0
3.	Amounts recoverable from reinsurers (Line 14.1)	470,480	(470,480)	0
4.	Net credit for ceded reinsurance	xxx	470,480	470 , 480
5.	All other admitted assets (Balance)	3,761,153		3,761,153
6.	Total assets (Line 26)	38,594,019	0	38,594,019
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	16,797,871	0	16 , 797 , 871
8.	Accrued medical incentive pool and bonus payments (Line 2)	256,719		256 , 719
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)	0		0
11.	Reinsurance in unauthorized companies (Line 18)	0		0
12.	All other liabilities (Balance)	717,697		717,697
13.	Total liabilities (Line 22)	17 ,772 ,287	0	17 , 772 , 287
14.	Total capital and surplus (Line 31)	20,821,732	XXX	20,821,732
15.	Total liabilities, capital and surplus (Line 32)	38,594,019	0	38,594,019
	NET CREDIT FOR CEDED REINSURANCE			
16.	Claims unpaid	0		
17.	Accrued medical incentive pool	0		
18.	Premiums received in advance	0		
19.	Reinsurance recoverable on paid losses	470 , 480		
20.	Other ceded reinsurance recoverables	0		
21.	Total ceded reinsurance recoverables	470,480		
22.	Premiums receivable	0		
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24.	Unauthorized reinsurance	0		
25.	Other ceded reinsurance payables/offsets			
26.	Total ceded reinsurance payables/offsets			
27.	Total net credit for ceded reinsurance	470,480		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN Allocated by States and Territories

			Allocated by States and Territories Direct Business Only								
		1 Life	2	3 Disability Income	4 Long-Term Care	5	6				
States, Etc.		(Group and Individual)	Annuities (Group and Individual)	(Group and Individual)	(Group and Individual)	Deposit-Type Contracts	Totals				
1. Alabama	AL										
2. Alaska											
3. Arizona											
4. Arkansas	AR										
5. California	CA										
6. Colorado	CO										
7. Connecticut	CT										
8. Delaware	DE										
9. District of Columbia											
10. Florida	FL										
11. Georgia	GA										
12. Hawaii	HI										
13. Idaho	ID										
14. Illinois	IL		ļ			ļ					
15. Indiana	IN										
16. lowa	IA										
17. Kansas	KS										
18. Kentucky	KY										
19. Louisiana	LA										
20. Maine	ME										
21. Maryland	MD										
22. Massachusetts	MA										
23. Michigan	MI	0	0	0	0	0					
24. Minnesota	MN										
25. Mississippi	MS										
26. Missouri	MO										
	MT										
28. Nebraska	NE										
29. Nevada		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •							
30. New Hampshire											
31. New Jersey											
32. New Mexico	NM										
33. New York											
34. North Carolina											
35. North Dakota	ND										
36. Ohio	OH										
37. Oklahoma	OK										
38. Oregon	OR										
39. Pennsylvania	PA		}			}	}				
40. Rhode Island											
41. South Carolina											
42. South Dakota	SD		·····				}				
43. Tennessee	TN										
44. Texas	TX										
45. Utah											
46. Vermont	VT										
47. Virginia											
48. Washington											
49. West Virginia	WV										
50. Wisconsin	WI										
51. Wyoming	WY										
52. American Samoa	AS										
53. Guam	GU						[
54. Puerto Rico	PR										
55. U.S. Virgin Islands											
56. Northern Mariana Islands											
57. Canada											
58. Aggregate Other Alien											

SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PARI 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES											
NAIC Company	2 Federal ID	3	4 Shareholder	5 Capital	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any	8 Management Agreements and	9 Income/ (Disbursements) Incurred Under Reinsurance	10	Any Other Material Activity Not in the Ordinary Course of the Insurer's	12	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	52-2073000	Coventry Health Care Inc.	332,050,000	(225, 199, 000)		7	426,260,799) ig. comente		240000	533,111,799	0
	51-0406894	Coventry Financial Mgmt Services, Inc	000,000	(223, 133,000)			5, 183, 014	0		•	5, 183, 014	
96460	51-0293139	Coventry Health Care of Delaware, Inc.	 N				(17,082,850)	(2,897,552)		•	(19,980,402)	3,111,010
95282	51-0353639	Coventry Health Care of Georgia, Inc.	(10,700,000)	4,000,000			(21, 296, 785)	(2,638,606)		***************************************	(30,635,391)	824,445
30202	52-1801446	Group Dental Services, Inc.	0	n			2,901,982	(2,000,000)			2,901,982	024,440
	52-2248239	Coventry Services Corporation	0	0			6,567,245	0			6,567,245	0
95241	42-1244752	Coventry Health Care of lowa, Inc	(5,500,000)	0			(6,142,858)	(2,005,823)			(13,648,680)	972,337
95925	42-1308659	Coventry Health Care of Nebraska, Inc	(24,600,000)	0			(625,437)	535,352			(24 690 084)	838,331
95283	51-0353638	Coventry Health Care of Pennsylvania, In	0	0			(32,531)	0			(32,531)	0
95173	74-2381406	Coventry Health Care of Louisiana, Inc	(25,000,000)	0			(6,533,376)	(1.289.197)			(32.822.573)	505,561
95060	25-1264318	HealthAmerica Pennsylvania Inc.	(55,600,000)	0			(13 732 280)	(3,981,019)			(73,313,299)	2,003,722
11102	23-2366731	HealthAssurance Pennsylvania, Inc.	(44,600,000)	9,000,000			(80,787,493)	(3,943,002)			(120,330,495)	4,200,098
	47 - 0854096	Coventry Prescription Mamt Services. Inc.	0′	0			(80,787,493) (129,547,544)	0′			(129,547,544)	0
81973	75 - 1296086	Coventry Health & Life Insurance Company	0	57,000,000			(141,798,346)	35,462,285			(49, 336, 061)	(28,375,563)
	51-0402388	Coventry Health Care Investment Corp.	0	0			(1,862,869)	0			(1,862,869)	0
96555	. 54 - 1576305	Southern Health Services, Inc.	(13,650,000)	0			(19,201,893)	(2,443,638)			(35,295,531)	1,427,276
	01-0646056	Coventry Transplant Network, Inc.	0	0			(98,620)	0			(98,620)	0
96377	43-1372307	Group Health Plan, Inc.	(41,300,000)	0			(42,075,589)	(3,686,132)			(87,061,720)	1,976,363
95318	43-1702094	HealthCare USA of Missouri, LLC.	(11,400,000)	0			(36, 131, 467)	(2,345,651)			(49,877,118)	3,799,806
95489	48-0840330	Coventry Health Care of Kansas Inc	(33,000,000)	0			(19.190.737)	(4,038,044)			(56, 228, 781)	1,366,465
	25-1794529	Coventry Management Services, Inc.	0	0			498,731,011	0			498,731,011	0
95408	55-0712129	Carelink Health Plans Inc	(8,500,000)	0			(13,205,914)	(1,003,227)			(22,709,142)	792,639
	20-0635523	WellPath Preferred Services, Inc.	0	0			(8,392,010)	0			(8,392,010)	0
95321	20-0229117	WellPath Select, Inc.	(13,600,000)	0			(12,030,365)	(2,542,851)			(28, 173, 216)	3,288,773
11531	. 02-0639951	CHC Casualty Risk Retention Group, Inc	(2,500,000)	0			10,686,246	0			8 , 186 , 246	0
	62-1411933	Coventry Health Care Mgmt Corp.	0	0			(25,428,090)	0			(25,428,090)	0
	20 - 1736437	First Health Group Corp	0	0			(117,300,768)	0		•	(117,300,768)	0
12604	. 20-4647469	WellPath of South Carolina, Inc.	0	1,199,000			250 , 101	(69,076)			1,380,025	70,636
74160	3/ - 124103/	PersonalCare Insurance of Illinois. Inc.	(24,300,000)	0			(22,453,631)	308,818			(46,444,813)	1,090,089
12193	20 - 1052897	OmniCare Health Plan, Inc.	(8,000,000)	0			(9,130,116)	(991,502)			(18, 121, 618)	470,480
95407	87-0345631	Altius Health Plans, Inc.	(9,800,000)	0			(30,631,250)	(404,896)			(40,836,146)	508,642
	31-1597878	Provider Synergies, LLC	Ω	0			(3,983,245)	0			(3,983,245)	D
	20-4416606	HealthCare USA of Tennessee, LLC.	Ω	0			39	0			39	D
	51-0410308	HealthAssurance Financial Services, Inc		J			7,733,992	0			7,733,992	
	26 - 1582982	MHNet Specialty Services, LLC. CHC National Accounts, Inc.		J			(2,784,234)	0		•	(2,784,234)	
	20-8070994	CHC National Accounts, Inc.		0			44	0	· · · · · · · · · · · · · · · · · · ·		44	
	20-5185442	CHC National Network, Inc.	0	J0				0 0			77	0
	20-8217339 20-8376354	Coventry Product Services, Inc.		J			59,829,798	0			59,829,798	
	20-8376354	CHC Workers' Compensation, Inc	U	I			(20,669,083) 89,393,409				(20,669,083)	U
	26 - 1293772	Coventry Consumer Advantage, Inc.	U	I			89,393,409	0 0			89 , 393 , 409 12 , 675	U
	26-3525762	Coventry Consumer Advantage, Inc	U				12,0/5				12,0/5	
	26 - 3525637	Coventry Pharmacy Rehate Admin 110							†		U	
	87 - 0443226	Coventry Pharmacy Rebate Admin., LLC First Health Strategies, Inc		U	l	†			†	t	U	
		FHC, Inc.		U	l	†	1,848,750	0	†	t	1,848,750	n
	52 - 1320522	Claims Administration Corp					(34,574,196)	0		†	(34,574,196)	
90328	38-2242132	First Health Life & Health Ins Co.	υ	144.000.000			(46, 164, 214)	(112,575)		†		160,334
JUULU	. 00-2272 102					•	+ ···········(¬∪, 1∪¬,∠14)			+		100,334

SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

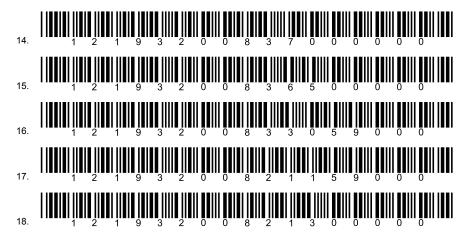
	PARI 2 - SUMMART OF INSURER'S TRANSACTIONS WITH ANT AFFILIATES											
1	2	3	4	5	6 Purchases. Sales or	7 Income/ (Disbursements)	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	54-0849793	First Health Services Corporation.	0	0		111(17	(85,691,751)	0			(85.691.751)	0
81000	75 - 1431313	Cambridge Life Insurance Co.	0	10,000,000			371,747	0			10,371,747	0
	54 - 1890081	First Health Services of Florida. Inc.	0	0			,				0	
	54 - 1951716	Health Care Management, Inc.	0	0							0	
	54 - 1898890	First Health Services of Montana, Inc.	0	0							0	
	20 - 4096903	First Script Network Services, Inc.	0	0			(1,747,497)	0			(1,747,497)	0
	06-1095987	MetraComp Inc	0	0			(122, 105)	0			(122, 105)	0
	74-2879984	Medical Examinations of NY P C	0	0			(1,509,397)	0			(1,509,397)	0
	62 - 1266888	FOCUS Healthcare Management, Inc	0	0			1,568,370	0			1,568,370	0
	26-2516000	Coventry Ind. Medical Exam of TX, PA	0	0							0	
95114	. 65-0986441	Vista Healthplan, Inc	0	0			(77, 281, 358)	(1,355,560)			(78,636,919)	606,920
95266	. 65-0453436	Vista Healthplan, Inc Vista Healthplan of South Florida, Inc	0	0			(41,088,171)	(468,570)			(41,556,741)	257,741
10771	20 - 1976986	Summit Healthplan. Inc.	0	0			(15,719,397)	(89,533)			(15,808,930)	103,894
	59 - 3750548	Carefree Insurance Services, Inc.	0	0							0	
	26-2976975	Mental Health Network, Inc.	0	0			460	0			460	0
	37 - 1448790	Mental Health Network of New York, IPA	0	0			(79) 77	0			(79)	0
	65-0052278	Unipsych Corporation	0	0				0			77	0
	65-0084581	Unipsych Benefits Corporation	0	0			(1,843,268)	0			(1,843,268)	0
	65-0101351	Unipsych Systems Corporation	0	0			(76,718)	0			(76,718)	0
	59-2715146	The Bradman Network Corporation	0	0			433	0			433	0
	65-0052275	Unipsych Management Corporation. MHNet Life and Health Insurance Company	0	0			209,633	0			209,633	0
12509	. 20-2516317	MHNet Life and Health Insurance Company	0	0			(505, 280)	0			(505,280)	0
	72-1106596	Mental HeatIh Associates, Inc	0	0			(37,342)	0			(37,342)	0
	20 - 4276336	MHNet of Florida, Inc.	0	0			(121,919)	0			(121,919)	0
95846	. 52-2056201	Group Dental Services of Maryland, Inc	0	0			(2,917,831)	0			(2,917,831)	0
	26 - 3525878	Group Health Plan of Delaware, LLC	0	0							0	
										-		
										-		
						†			l	+		
						†			l			
9999999 C	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory

Will an actuating option be filted by March 17 / 178. Will the conformal Risk based Capital Reports delied with the NAIC by March 17 / 178. ***********************************	•	MARCH FILING	Responses
Will the confidential Role-Lassed Capital Report be filed with the NAVC by March 17 175 APPLIE FLING Will the confidential Role-Lassed Capital Report be filed with the state of chorocite, if required by March 17 APPLIE FLING Will the Supplemental Invastment Roles Intercognizeroes be filed by April 17 Will the Accident and Health Policy Experience Exhibit be folial by April 17 Will the Accident and Health Policy Experience Exhibit be folial by April 17 Will the Accident and Health Policy Experience Exhibit be folial by April 17 The folialsong appelemental importance are required to be filed by June 17 The folialsong appelemental importance are required to be filed as part of your statement filing. However, in the event that your company does not broadcast the bype of business for the supplemental requirement in the September of the September Intercognizeroes are required to be filed as part of your statement filing. However, in the event that your company does not broadcast the bype of business for the supplemental requirement in the September of the September September 19 Will the Medicals Supplemental Insurance Experience Exhibit September 19 Will the Medicals Supplemental Insurance Experience Exhibit September 19 Will the Supplemental Life data as what 1 to this civil with the state of domicile and the NACC? M. D. Will the Supplemental Life data as what 1 to this civil be file with the state of connoise and the NACC? M. D. Will the Supplemental Life data as what 1 to this civil be file with the state of connoise and the NACC by March 17 M. D. Will the Accidence Part D Converage Supplement to filed with the state of domicile and the NACC by March 17 M. D. Will the Accidence Part D Converage Supplement be filed with the state of domicile and the NACC by March 17 M. D. Will the Long-Torm Care Experience Reporting Forms be filed with the state of domicile and the NACC by March 17 M. D. Will the Long-Torm Care Experience Reporting Forms be filed with the state of domicile and the NACC by March 1	1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
4. Will the certification Residues of Capital Report be filled with the state of domicile and Park FLING 5. Will have generally Discussion and Analysis be Red by April 17 5. Will the Accordant and Health Polloy Exponence Shribb to filed by April 17 7. Will the Accordant and Health Polloy Exponence Shribb to filed by April 17 8. Will an audited financial report be filed by Aure 17 10. Will the Accordant and Health Polloy Exponence Shribb to filed by Aure 17 11. While the Accordant are port to filed by Aure 17 12. Will the Accordant are port to filed by Aure 17 13. Will the Accordant are port to filed by Aure 17 14. Will the Supplemental income are required to be filed as port of your statement filing. However, in the overtification of your company does not transact the type of business for reaspertment in required of your company but is red filed for whatever reason enter SEE EDVLAMATION and provide an explanation following the interrogation questions. 8. Will the Madicare Supplement Insurance Exponence Entitles be filed with the side of domicile and the NAICT 10. Will the Sciencial SSI (Socienced Information Supplements to filed with the side of domicile and the NAICT 11. Will be Sciencial SSI (Socienced Information Supplements to filed with the side of domicile and the NAICT 12. Will the Sciencial SSI (Socienced Information Supplements to filed with the side of domicile and the NAICT product of the Supplement Perports (Socience Product) with the NAIC by March 17 13. Will be Accordant approach an one general product in Interrogations 5 to Exhibit 5 to Like Supplement Enforced Production and electromicilarly with the NAIC by March 17 14. Will be Carp-1-arm Case Exportance Regioning Forms be filed with the state of domicile and the NAIC by March 17 15. Will be Madicard Production and Enforced Production and Science Production and Enforced Production and En	2.	Will an actuarial opinion be filed by March 1?	YES
APRIL FLUNG 1. Will no Supponemental Investment Raise Interropatories be filed by April 17 7. Will me Accident and Realth Policy Experiences Enhable the filed by April 17 7. Will me Accident and Realth Policy Experiences Enhable the filed by April 17 7. Will me Accident and Realth Policy Experiences Enhable the filed by April 17 8. Will an audited financial report the filed by June 17 7. Will be a will be supplemental reports the required to the filed as part of your statement flang, revowere, in the event that your company does not transact the type of business for required to your company of the filed to transact or read the specific of your statement flang, revowere, in the event that your company does not transact the type of business for supplemental reports are required to the filed for vinatever reason enter's SEE EXPLANATION and provide an explanation following the Interropatory questions. In MARCH FILING 9. Will no Medicane Supplemental through out and March 1 for filed with the state of dominical and the NAICO March 17 1. Will be subgromental Life case as March 1 for filed with the filed and revoke an explanation following the Interropatory questions. In March 18 1. Will be subgromental Life case as March 1 for filed with the state of dominical and the NAICO Watch 17 1. Will be subgromental Life case as will know that the filed and the report of conciled by March 17 1. Will be actuarial opinion on non-quasitated energiated in Interropatories 3 to Enhalt 5 to Life Supplement Be filed with the state of dominical and the NAICO Watch 17 1. Will be March 20 1. Will be Supplemental Property Classally Insuranza Experience Field with the state of dominical and the NAICO Watch 17 1. Will be Long Term Case Experience Reporting Forms be filed with the state of dominical and the NAICO Watch 17 1. Will be Supplemental Property Classally Insuranza Experience Field with the state of dominical and the NAICO Watch 17 1. Will be Supplemental Property Classally Insuranza Experience Field with the state o	3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
6. Will the Supplemental Discussion and Analysis be field by April 1? 7. Will be Accident and Health Perior, Experience Exhibit be field by April 1? 7. Will be Accident and Health Perior, Experience Exhibit due April 1? 7. Will be Accident and Health Perior, Experience Exhibit due April 1? 7. Will be Accident and Health Perior, Experience Exhibit due April 1? 7. Will be Accident and Health Perior, Experience Exhibit due April 1? 7. Will be Accident and Health Perior, Experience Exhibit due April 1? 8. Will an audited financial report be filed by June 1? 8. Will an audited financial report be filed by June 1? 8. Will be Audited the April 1 and the April	4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	YES
6. Will the Supplemental Investment Distals interrogatories be filed by April 17 7. Will the Accident and Health Pollay Experience Exhibit be filed by April 17 8. Will an audited financial report be filed by June 17 8. Will an audited financial report be filed by June 17 9. Will the Supplemental income are required to be filed as part of your descreener filing. However, in the event that your company one not termed the type of business for supplement in required of your company by U.B. not fired for windower reason series SEE EXPLANATION and provide an explanation following questions. If the Madician Supplement Insurance Experience Exhibit be filed with the state of demicial and the NANCH FILING 10. Will be Supplemental Life date due March 1 be filed with the state of demicial and the NANCH Property Casualty date due March 1 be filed with the state of demicial and the NANCH Property Casualty date due March 1 be filed with the state of demicial and the NANCH Property Casualty date due March 1 be filed with the state of demicial and the NANCH Property Casualty date due March 1 be filed with the state of demicial and the NANCH Property Casualty date due March 1 be filed with the state of demicial and the NANCH Property Casualty date due for the Supplemental Property Casualty date due for the state of demicial and the NANCH Property Casualty date due for the state of demicial and the NANCH Property Casualty date of the Casualty Casualty date of the Supplemental property on a perificial graphic and property of the state of demicial and the NANCH Property Casualty date of the Casualty March 17 10. Will the actual application and perificial date of the Casualty March 17 11. Will the Experience Reporting Professor as acquired in Interrogatories 3 to Exhibit 5 to Life Supplemental Property Casualty Insurance Experience Exhibit due April 1 be filed with any state that requires it and. If so, the NACH Property Casualty Insurance Experience Exhibit due April 1 be filed with any state that requires it and in the Casualty Ca		APRIL FILING	
The following supplemental report be filed by June 12 The following supplemental report be filed by June 12 The following supplemental report be filed by June 12 The following supplemental report be filed by June 12 The following supplemental report by Filed By June 12 The following supplemental report by Filed By June 12 The following supplemental report on the filed by June 12 The following supplemental report on the filed by June 12 The following supplemental report on the filed by June 12 The following supplemental report on the filed by June 12 Will be Abedicare Supplement Insurance Expense AN Did following the Interrogatory Questions. MARCH FILING Will be Supplemental Info data due Mentry 1 be filed with the state of domicile and the NAIC? M. Unit be Supplemental Property/Classally data due Inform 1 be filed with the state of domicile and the NAIC? M. Unit be Supplemental Property/Classally data due Inform 1 be filed with the state of domicile and the NAIC? M. Unit be Supplemental Property/Classally data due Inform 1 be filed with the state of domicile and the NAIC? M. Unit be Supplemental Property/Classally that due Inform 1 be filed with the state of domicile and the NAIC by March 17 M. Unit be Supplemental Expense An American Supplement In the Supplement In the Report of Demonstrate Property/Classally insurance Expense Exhibit due April 1 be filed with the state of domicile and the NAIC by March 17 M. Unit be Supplemental Expense Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 17 M. Unit be Lang-Term Care Expense Expension Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? M. Will be Lang-Term Care Expense Expension Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? M. Unit be Lang-Term Care Expense April D Coverage Supplement by the Supplement Bergot Supplem	5.	Will Management's Discussion and Analysis be filed by April 1?	YES
JUNE FILMS Will an audided financial report be filed by June 1? The following supplemental reports are required to be filed as gard of your statement filing. However, in the event that your company does not transact the type of flusionesis for which the special report must be filed. Your response of NO to the specific interrogatory will be accepted in leave of filing a "NONE" report and a fax code will be printed below. If it supplement in required of your company but is not filed for visitine reason enter SEE EXPLANATION and provide an explanation belowing the interrogatory questions. MARCH PLING 9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC? 10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? 11. Will be Supplemental Property/Casually data due March 1 be filed with the state of domicile and the NAIC? 12. Will be Subjemental SEI (Sobothodie information Supplement) be filed with the state of comicile by March 1? 13. Will be actuarial opinion on participating and non-participating pulsors as required in interrogations 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and the NAIC by March 1? 14. Will be actuarial opinion on non-guaranteed determents as required in interrogations 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and the NAIC by March 1? 15. Will the Medicare Part D. Coverage Supplement be filed with the state of domicile and the NAIC by March 1? 16. Will the Long-Term Care Experience Reporting Forms be filed with the state of comicile and the NAIC by March 1? 17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC by March 1? 18. Will the Supplemental Property/Casually insurance Experience Exhibit due April 1 be filed with the state of domicile and the NAIC by March 1? 19. EXPLANATION: 19. EXPLANATION: 10. EXPLANATION: 10. EXPLANATION: 11. Will the Medicare Part Order Part Part Part Pa	6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
18. Will an audited financial report be filed by June 17 The following supplemental property case required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for twickning supplemental property must be filed, your trapsone of NO to the spoofic interrogatory will be accopted in file of 18 filing a "NONE" report and a bar code will be preted below if it supplemental filed that the spoof in the property of the property of your company but is not filed for whether reason enter SEE ENFLANATION and provide an explanation following the interrogatory questions. **MARCH RUNG** Will the Supplemental Property/Casualty data due March 1 be filed with the state of dominical and the NAIC? Will the Supplemental Property/Casualty data due March 1 be filed with the state of dominical and the NAIC? Will the Supplemental Property/Casualty data due March 1 be filed with the state of dominical by March 1? Will the Supplemental Property/Casualty data due March 1 be filed with the state of dominical by March 1? Will the Supplemental Property/Casualty that the NAIC by March 1? Will the Supplemental Property/Casualty March 1 be filed with the NAIC by March 1? Will the Supplemental Property/Casualty March 1 be filed with the state of dominical and the NAIC? **NO Description** **APRIL FILING** Will the Supplemental Property/Casualty insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? **NO Description** **APRIL FILING** **APRI	7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
The fathords appelemental control are respired to be file as part of your distances fling showers in the secret flant your company does not have been they got a human with the secret control of the Secret point and set of your distances of the part of the secret point and set of your distances of the part of the secret point and set occle with got printer below. If the supplemental is required of your company but is not flied for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions. MARCH FILING 9. Will the Medicare Supplemental Insurance Experience Exhibit he fled with the state of domicile and the NAIC? 10. Will be Supplemental Life data due Much 1 the field with the state of domicile and the NAIC? 11. Will be Septemental Property-Casually data due March 1 the field with the state of domicile and the NAIC? 12. Will the Sectedule SIS (Stockholder information Supplement) be filed with the state of domicile and the NAIC? 13. Will be actuarial opinion on participating and non-participating problems are required in interrogatories at one 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and the NAIC by Morch 1? 14. Will be actuarial opinion on non-participating problems are required in interrogatories 3 to Life Supplement be filed with the state of domicile and the NAIC by Morch 1? 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by Morch 1? 16. Will be Long-Term Care Experience Reporting Forms be first with the state of domicile and the NAIC by Morch 1? 17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? 18. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? 19. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC by Morch 1? 19. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC by Morch 1? 19. Will the Supplement		JUNE FILING	
which the special report must be field, you'response of NO to the specific interrogatory will be accepted in less of filing a "NONE" report and a bor code will be printed below. If it supportment is required of your company by in or filed for whatever reason enter SEE EXPLANATION and drowled an explanation following the interrogatory explanation. MARCH PILING Will the Medicare Supplement Insurance Experience Exhibit the filed with the state of domicile and the NAIC 7 M.	8.	Will an audited financial report be filed by June 1?	YES
9 Will the Medicare Supplemental Insurance Experience Exhibit be filed with the state of domicile and the NAIC Y M0 10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? M1 11. Will the Supplemental Property Cassality data but March 1 be filed with the state of domicile and the NAIC? M1 M1 M1 M1 M1 M1 M1 M2 M3 M3 M3 M3 M3 M3 M3 M3 M3	which	the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code	will be printed below. If the
10. Will the Supplemental Life data due March 1 be filled with the state of domicile and the NAIC? 11. Will the Supplemental Property/Casualty data due March 1 be filled with the state of domicile and the NAIC? 12. Will the Scholar ISR (Stockholder Information Supplement) be filled with the state of domicile and the NAIC? 13. Will the actuarial opinion on participating and non-participating policies are required in interrogatories 1 and 2 on Exhibit 8 to Life Supplement be filled with the state of domicile and electronically with the NAIC by March 1? 14. Will the actuarial opinion on participating and non-participating policies are required in interrogatories 1 and 2 on Exhibit 8 to Life Supplement be filled with the state of domicile and electronically with the NAIC by March 1? 15. Will the Long-Term Care Experience Reporting Forms be filled with the state of domicile and the NAIC by April 1? 16. Will the Supplemental Life data due April 1 be filled with the state of official and the NAIC? 17. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filled with any state that requires it, and, if so, the NAIC? 18. Will the Supplemental Life data due April 1 be filled with the state of official and the NAIC by April 1? 19. EXPLANATION: 10. BARC CODE: 10. BARC CODE:		MARCH FILING	
11. Will the Supplemental Property/Casuality data due March 1 be filled with the state of domicile and the NAIC? 12. Will the Schedule (SIS (Slockholder Information Supplement) be filled with the state of domicile by March 1? 13. Will the Actual opinion on participating policies are required in interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filled with the state of domicile and electronically with the NAIC by March 1? 14. Will the Actual opinion on participating policies are required in interrogatories 1 to Exhibit 5 to Life Supplement be filled with the state of domicile and electronically with the NAIC by March 1? 15. Will the Medicare Part D Coverage Supplement be filled with the state of domicile and the NAIC by March 1? APRIL FILMO 16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? 17. Will the Supplemental Life data due April 1 be filled with the state of domicile and the NAIC by April 1? 18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? EXPLANATION: 19. 10. 11. 12. 13. 14. 15. 16. 17. 18. 18. 19. 19. 10. 11. 11. 12. 13. 14. 15. 16. 17. 18. 18. 19. 19. 10. 11. 11. 12. 13. 14. 15. 16. 17. 18. 18. 19. 19. 19. 10. 10. 11. 11. 12. 13. 14. 15. 16. 17. 18. 18. 18. 18. 18. 18. 18	9.	,	N0
12. Will the Schedule SIS (Stockholder Information Supplement) be filled with the state of domicile by March 1? 13. Will the actuarial opinion on participating and non-participating policies an exequite in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filled with the state of domicile and electronically with the NAIC by March 1? 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filled with the state of domicile and the NAIC by March 1? 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? 16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? 17. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? 18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? 19. Unit the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? 19. Unit the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? 19. Unit the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? 19. Unit the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? 19. Unit the Supplement Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? 19. Unit the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? 19. Unit the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that r	10.		
13. Will the actuarial opinion on participating policies as required in interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filled with the state of domicile and electronically with the NAC by March 17? 14. Will the domicile and electronically with the NAC by March 17? 15. Will the Medicare Part D Coverage Supplement be filled with the state of domicile and the NAIC by March 17? APRIL FILING 16. Will the Long-Term Care Experience Reporting Forms be filled with the state of domicile and the NAIC by April 17 17. Will the Supplemental Life data due April 1 be filled with the state of domicile and the NAIC by April 17 18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? EXPLANATION: 19. 10. 11. 12. 13. 14. 15. 16. 17. 18. BAR CODE: 11. 12. 13. 14. 15. 16. 17. 18. 18. 19. 10. 10. 11. 11. 12. 13. 14. 15. 16. 17. 18. 18. 19. 10. 10. 10. 11. 11. 12. 13. 14. 15. 16. 17. 18. 18. 18. 19. 10. 10. 10. 11. 11. 12. 13. 14. 15. 16. 17. 18. 18. 18. 19. 10. 10. 10. 11. 11. 12. 13. 14. 15. 16. 17. 18. 18. 18. 18. 18. 18. 18			
be filed with the state of domicile and electronically with the MACC by March 1? 14. Will the Accutated applicion on pulsariated elements as required in interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? APRIL FILING 16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? 17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC by April 1? 18. Will the Supplemental Property/Casualty insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? PARLANTION: 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. BAR CODE: 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 18. 19. 10. 10. 11. 11. 12. 13. 14. 15. 16. 17. 18. 18. 19. 10. 10. 11. 11. 12. 13. 14. 15. 16. 17. 18. 18. 19. 10. 10. 10. 11. 11. 12. 13. 14. 15. 16. 17. 18. 18. 18. 18. 19. 10. 10. 10. 10. 10. 10. 10			NO
domicle and electronically with the NAIC by March 1? NO		be filed with the state of domicile and electronically with the NAIC by March 1?	NO
APRIL FILING 16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? 17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? 18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? EXPLANATION: 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. BAR CODE: 9. 10. 11. 11. 12. 13. 14. 15. 16. 17. 18. 18. 19. 10. 11. 11. 12. 13. 14. 15. 16. 17. 18. 18. 19. 10. 10. 11. 11. 12. 13. 14. 15. 16. 17. 18. 18. 18. 19. 10. 10. 10. 10. 10. 10. 10	14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? NO	15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? 18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? 19. 10. 11. 12. 13. 14. 15. 16. 17. 18. BAR CODE: 9.		APRIL FILING	
18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? EXPLANATION: 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. BAR CODE: 9.	16.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
EXPLANATION: 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. BAR CODE: 9. 11. 11. 12. 13. 14. 15. 16. 17. 18. 18. 18. 19. 10. 11. 11. 11. 11. 11. 11	17.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
9. 10. 11. 12. 13. 14. 15. 16. 17. 18. BAR CODE: 9.	18.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	N0
9.	11.12.13.14.15.16.17.		
	BAR C	CODE:	
	9.		
	10.		
	11.		
	12.		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES



OVERFLOW PAGE FOR WRITE-INS

ALPHABETICAL INDEX (http://www.naic.org/committees_e_app_blanks.htm)

ANNUAL STATEMENT BLANK

Exhibit of Nonadmitted Assets	16
Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 – Enrollment By Product Type for Health Business Only	17
Exhibit 2 – Accident and Health Premiums Due and Unpaid	18
Exhibit 3 – Health Care Receivables	19
Exhibit 4 – Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 – Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 – Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 – Part 1 – Summary of Transactions With Providers	23
Exhibit 7 – Part 2 – Summary of Transactions With Intermediaries	23
Exhibit 8 – Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	41
Schedule A – Part 1	E01
Schedule A – Part 2	E02
Schedule A – Part 3	E03
Schedule A – Verification Between Years	SI02
Schedule B – Part 1	E04
Schedule B – Part 2	E05
Schedule B – Part 3	E06
Schedule B – Verification Between Years	SI02
Schedule BA – Part 1	E07
Schedule BA – Part 2	E08
Schedule BA – Part 3	E09
Schedule BA – Verification Between Years	SI03
Schedule D – Part 1	E10
Schedule D – Part 1A – Section 1	SI05

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule D – Part 1A – Section 2	SI08
Schedule D – Part 2 – Section 1	E11
Schedule D – Part 2 – Section 2	E12
Schedule D – Part 3	E13
Schedule D – Part 4	E14
Schedule D – Part 5	E15
Schedule D – Part 6 – Section 1	E16
Schedule D – Part 6 – Section 2	E16
Schedule D – Summary By Country	SI04
Schedule D – Verification Between Years	SI03
Schedule DA – Part 1	E17
Schedule DA – Part 2 – Verification Between Years	SI11
Schedule DB – Part A – Section 1	E18
Schedule DB – Part A – Section 2	E18
Schedule DB – Part A – Section 3	E19
Schedule DB – Part A – Verification Between Years	SI12
Schedule DB – Part B – Section 1	E19
Schedule DB – Part B – Section 2	E20
Schedule DB – Part B – Section 3	E20
Schedule DB – Part B – Verification Between Years	SI12
Schedule DB – Part C – Section 1	E21
Schedule DB – Part C – Section 2	E21
Schedule DB – Part C – Section 3	E22
Schedule DB – Part C – Verification Between Years	SI13
Schedule DB – Part D – Section 1	E22
Schedule DB – Part D – Section 2	E23
Schedule DB – Part D – Section 3	E23
Schedule DB – Part D – Verification Between Years	SI13
Schedule DB – Part E – Section 1	E24
Schedule DB – Part E – Verification	SI13
Schedule DB – Part F – Section 1	SI14
Schedule DB – Part F – Section 2	SI15
Schedule E – Part 1 – Cash	E25
Schedule E – Part 2 – Cash Equivalents	E26
Schedule E – Part 3 – Special Deposits	E27
Schedule E – Verification	SI16
Schedule S – Part 1 – Section 2	30
Schedule S – Part 2	31
Schedule S – Part 3 – Section 2	32
Schedule S – Part 4	33
Schedule S – Part 5	34
Schedule S – Part 6	35
Schedule T – Part 2 – Interstate Compact	37

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK (Continued)

Schedule T – Premiums and Other Considerations	36
Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y - Part 2 – Summary of Insurer's Transactions With Any Affiliates	39
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	40
Underwriting and Investment Exhibit – Part 1	8
Underwriting and Investment Exhibit – Part 2	9
Underwriting and Investment Exhibit – Part 2A	10
Underwriting and Investment Exhibit – Part 2B	11
Underwriting and Investment Exhibit – Part 2C	12
Underwriting and Investment Exhibit – Part 2D	13
Underwriting and Investment Exhibit – Part 3	14